## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

S.D. SEC. OF STATE

DEC 23 '05

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 2. DATE 1. TITLE OF NEWSPAPER ress 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3. FREQUENCY OF ISSUE 3B. ANNUAL SUBSCRIPTION PRICE \$ 25,75 - area. 52 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and (Not printers) 915 Main St, POBOX 309 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Ravellette Publications 57567-0788 6. FULL NAME OF PUBLISHER Ravellette. 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **FULL NAME COMPLETE MAILING ADDRESS** KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Dack **AVERAGE NO. COPIES ACTUAL NO. COPIES EACH ISSUED** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED PRECEDING 12** NEAREST TO FILING DATE **MONTHS** 450 A.TOTAL NO. COPIES (Net Press Run) **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and 105 counter sales. 2. Mail Subscription (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE **COPIES** E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 - Should equal net press run Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete; (Title) (Signature) /th \_\_day of\_ Sworn to before me this /9 State of South Dakota COMMISSION EXPIRES: My commission expires: (Seal)

## Owners:

Ravellette Publications, Inc. P O Box 788 Philip, SD 57567-0788

Donald Ravellette P O Box 633 Philip, SD 57567-0633

## Bondholders, Mortgages & Other Security Holders:

First National Bank P O Box 910 Philip, SD 57576-0910

Luella Belle Ravellette P O Box 375 Philip, SD 57567-0375